

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EL		
O.I.P.E. CLASSIFIER	H	14	3/17/01
FORMALITY REVIEW	H-5	866	4/19
RESPONSE FORMALITY REVIEW	M. H	625	08-01-01
			08-28-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/17/01
2	3/17/01
3	3/17/01
4	3/17/01
5	3/17/01
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8	3/17/01
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49	3/17/01
50	3/17/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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